

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 25, 2002

Re: IRO Case # M2-02-0595-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is a Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment is not medically necessary. Therefore, ___ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

This case involves a 42-year-old male injured on ___ when he twisted his back trying to control a mental health patient who he was caring for. The patient's back pain soon extended to his right lower extremity. X-Rays of the lumbar spine showed degenerative narrowing at L4-5, L5-S1, but no compression or subluxation. There was, however, straightening of the lordotic curve. An MRI showed rather severe disk herniation on the right side at the L4-5 level, with some disk herniation of a much lesser extent the the L5-S1 level. It was recommended that the patient undergo an interbody fusion at L4-5 and L5-S1 with disk removal. The carrier denied the request to include L5-S1 in the operative plans.

I agree with the carrier's denial of the proposed surgical procedure as not medically necessary at this time. The findings and MRI indicate that a surgical procedure consisting of

L4-5 disk herniation removal with decompression of the L-5 nerve root is indicated, to be accomplished as soon as possible. It is possible that in the future the surgical procedure that had been proposed may become necessary. But, with the patient's signs and symptoms being essentially confined to the disk rupture at L4-5, dealing with this problem has a significantly good possibility of relieving this patient's difficulty without the rather extensive procedure that has been denied.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

President

MDR Tracking No. M2-02-0595-01

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 3rd day of June, 2002.